

FREQUENTLY ASKED QUESTIONS (FAQ) SHEET

Clarifications and Additional Information for the Application Packet for Oregon Trauma Center Accreditation

1. Pg. 6 Medical Records Preparation:

In the conference room, the medical records selected for review should be organized and labeled by injury category: Head, Chest, Abdominal, Spinal Cord, Orthopedic, Multi-system, Death, and Transferred.

The sections of each medical record should be flagged for ease of review: Pre-Hospital Run Sheet, ED/Trauma Flowsheet, Admission H&P, Admission ICU Notes & Flowsheet, Dictated Discharge Summary, Dictated Operative Summary, and Radiology Reports.

If charts are electronic, please print off copies of the sections referenced above.

2. Pg. 7 Materials to be placed in the Conference Room:

A suggestion from a trauma coordinator is to prepare a binder with the same tabs as the Application binder (listed on page 10). Then, items to be placed in the conference room could be inserted in the binder under each tab, keeping the pages organized and easy to find. Items that are too big or too complex to insert in the on-site binder would have a page referring the surveyor to the appropriate file or binder (i.e. Trauma QI Plan – please see QI Binder).

3. Pg. 7 TEAM or TNCC card or certificate of attendance (ED and ICU nurses):

In cases where the card or certificate is not available, the ED or ICU nurse manager or trauma coordinator is authorized to verify that the nurse has attended the course at least once in their career. A class list, spreadsheet, or form letter will satisfy this requirement.

4. Pg. 8 All Trauma Cases reviewed at QI:

This item has been clarified to note that presentation of the case review data can be accomplished by a list, spreadsheet, committee minutes or other tools. It is NOT required to bring the medical record for these cases, or to prepare individual patient folders to present this data, although this can be very helpful in quickly finding the appropriate data for those cases picked by the reviewers.

5. Pg. 20 Average Response time for each Physician:

In hospitals where group physician response is tracked, and not individual physicians, please submit the group response data (i.e. times for Trauma surgeons, instead of times for Dr. Jones, Dr. Smith, and Dr. Wesson). The new statewide trauma registry is expected to allow for easier tracking of individual physicians' times.

6. Pgs. 25 & 29 ED Nurses & ICU Nurses:

Nurses to be listed on the education charts C & D include Registry and Traveler staff that have worked in the facility for 6 months or greater.

7. Pg. 35 Trauma Registry Standards:

The requirement for "Trauma Registry QI Activities" is that hospitals are using their trauma registry data to review and analyze trends in system and personnel performance, and patient outcomes. The item has been clarified to read "Use of trauma registry data in quality improvement activities." This standard is listed separately from #16: Quality Improvement Program Standards, but is considered when reviewing the QI Program.

8. Pgs. 41 - 47 Charts A - D:

These charts were developed with the goal of giving surveyors a consistent format in which to review the MD & RN data. An electronic version of the charts is available to you. If your facility is already collecting this data, and can provide a similar format containing the requested information, please feel free to use that presentation.

9. Pgs. 45 & 47 ED and ICU nurses Trauma Education:

The charts request TNCC or TEAM dates of expiration. In cases where the nurse has completed an alternate 16-hour DHS-approved course, please write-in the name of the course on the form and the date the course was completed.